Evaluation of the "8 Boroughs" programme

Produced by the London Legacy and Health Equity Partnership (LHEP) with the support of voluntary and community organisations, and regional and local health partners

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- Choices
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- Jean Stokes Community Centre,
- Living Under One Sun
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- London Borough of Brent
- London Borough of Camden
- London Borough of Ealing
- London Borough of Hackney
- London Borough of Haringey
- London Borough of Islington
- London Borough of Lambeth

- London Borough of Newham
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- Office for Health Improvement and Disparities (OHID)
- Phoenix Rising
- Recipe for a Happy Mind
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- SDA Church
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- The Let's Talk Show and Mane Culture Hair Salon
- The Natural Kitchen
- Trove Market CIC
- UK Health Security Agency (UKHSA)
- United Anglo Caribbean Society
- United Drop-in Centre
- United Women
- You vs You,

Contents

Executive summary

> "We need to be communicating; why the focus on the community, and why now? We need to be able to provide information about sustainability and answer the question about what's next." – **Local Authority representative**

> "Accessibility is a problem in the community. Residents would appreciate it if you could access your community centres and have health checks there, along with financial support." – **VCS representative**

Executive Summary

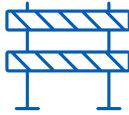

1. Background and context

- The COVID-19 pandemic both highlighted and exacerbated health inequalities across London, with Black African and Black Caribbean communities disproportionately affected by the socio-economic and health impacts of the pandemic.

- Inequalities were also seen in COVID-19 vaccine uptake in London; Black ethnic groups had a first dose uptake of 57-65% after 6 months of the programme (to 6 June 2021), compared with a 90% uptake in White British groups. Uptake was particularly low in areas of high deprivation.

- In October 2021, Lambeth Council in partnership with NHS, Office for Health Improvement & Disparities (OHID) and the Greater London Authority (GLA) successfully delivered a Black Health and Wellbeing day focused on supporting vaccine uptake in the local population, as well as a wide range of health issues including mental health, diabetes and cardiovascular disease. This event was promoted and delivered under the newly designed inspire Brand – a health and wellbeing brand developed for the event and for broader good health for Black Londoners.

- Building on the positive outcomes and learning from Lambeth event, eight further boroughs collectively approached the NHSE Legacy and Health Equity Partnership (LHEP) in partnership with London Councils and Lambeth team to extend and support a programme of work under the branding of **inspire** aimed at addressing disparities for Black African and Black Caribbean residents in their localities. The eight boroughs identified themselves as boroughs with some of the lowest uptake of COVID-19 vaccinations among their Black populations and a desire to ensure that no community was left behind.

- The programme was delivered across the 8 boroughs of Ealing, Hackney, Haringey, Lambeth, Newham, Camden, Brent and Islington. Each borough was invited to apply for up to £20,000 of funding to design and deliver local and tailored engagement activity that addressed inequity for residents and were encouraged to work closely with voluntary and community partners and local health services/professionals. The bid process was launched in early 2022, with initial intentions for events to be delivered by June 2022 (although this was extended, and events ran from June 2022 – April 2023).

- While events were designed and delivered locally, all boroughs were encouraged to use the **inspire** branding as part of their events to provide a consistent visual identity for residents.
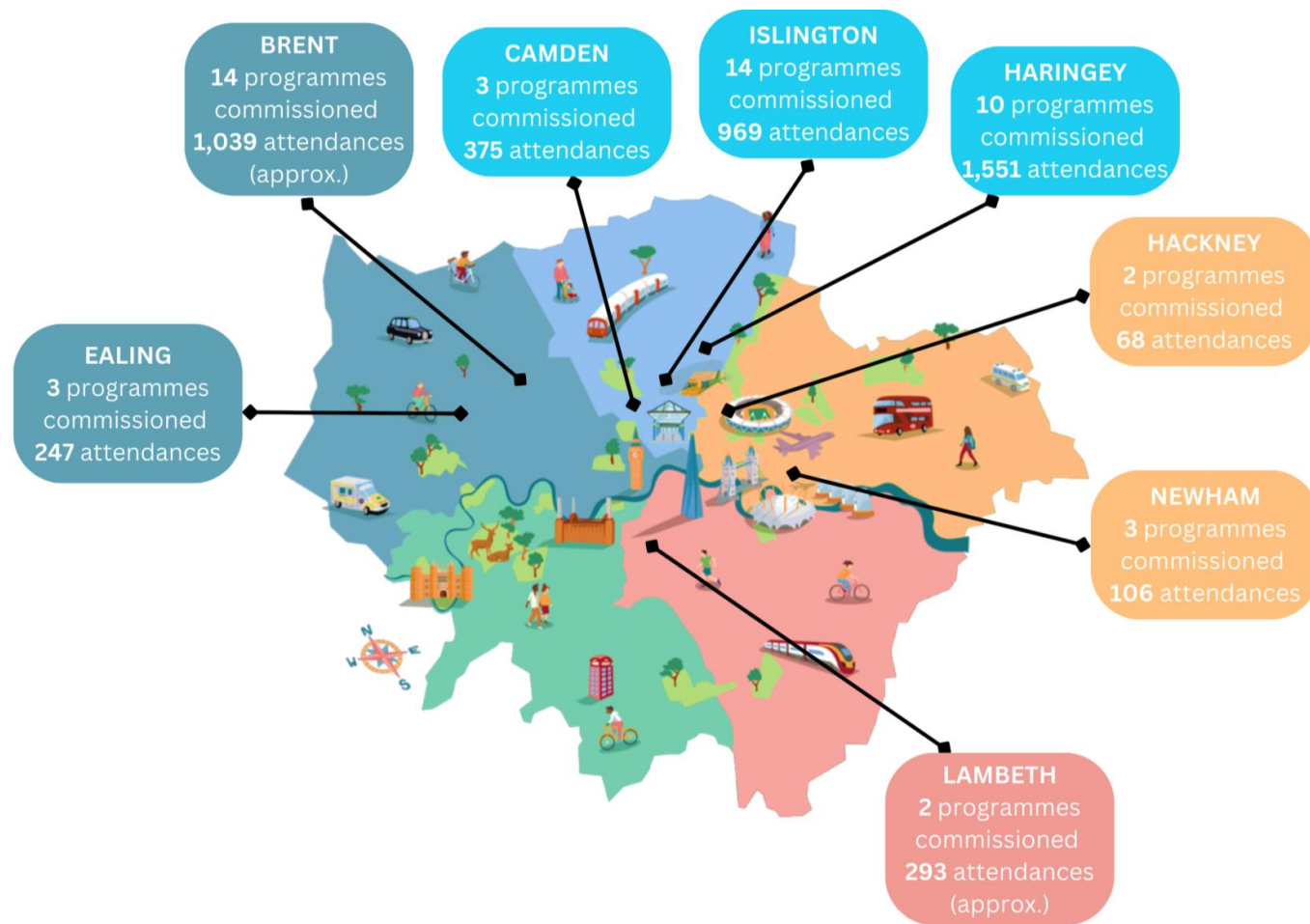
Executive Summary

2. Key findings- 8 boroughs events/activities

50 **community engagement programmes** commissioned – 62 events recorded in total

4,648* approximate attendances by **residents**

48 **community organisations/ networks** engaged with – plus more health services, community leaders and other partners

3 **health priorities** raised as key to positive health and wellbeing were hypertension, mental health and diabetes.

3 **main barriers** raised included access to health and care services (including primary care), socio-economic factors (e.g., poverty or access to welfare services), and access to health information, among others.

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1,039 attendances (approx.)

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* Information submitted for 47 of 50 reported community engagement programmes. Where information is not known for three programmes (two Brent programmes, one Lambeth programme), attendance has been approximated as the mean average attendance across other events in the 8 boroughs programme. In some other cases, where concrete information on attendance has not been provided, this has been estimated based on other feedback for that event.

Executive Summary

3. Key findings – Evaluation insights

A process evaluation using **mixed-methods approach** was conducted to understand the success, challenges and lessons learnt associated with the design and delivery of the programme. Data and insights were collected through interviews with Local Authorities and Voluntary and Community Sector (VCS) partners and evaluation forms for each of the events/activities. Resident insights were collected via Local Authorities and community partners, but residents did not contribute directly to the production of this report.

Partners reported that:

Events were largely successful

VCS partners played a central role in ensuring the programmes reflected the needs and priorities of residents

Health services and professionals played a **critical role** in providing health advice and promoting local services to residents.

Challenges:

Access to funding

Short timeframes for delivery

Establishing clear expectations and ways of working between statutory partners and VCS partners.

Learnings:

Implementing **new ways of working between** statutory and VCS organisations

Improving **accessibility of information and spaces** used for engagement

Ensuring **health services are involved** to provide advice, deliver interventions and support with access to services.

Following the 8 boroughs programme, several local areas had identified or began delivering additional work to engage with Black residents, building on the learnings from the programme. They also suggested possible focus areas for a potential regional **inspire** programme, including continued funding for VCS organisations, commissioning research and sharing best practice across the region.

Executive Summary

4. Key findings – Programme successes

Events led by residents and communities: events felt like they were led by communities and representative of communities

Breadth of engagement the range of events and the communities that were engaged with was highlighted by boroughs

Facilitating discussions between health systems and residents: events had a role in establishing dialogue between residents and health services.

Health information and support: residents valued health information and support provided by health professionals.

Working across partners: the programme strengthened relationships between regional, Local Authority and VCS partners.

Focus on community priorities: leadership of VCS organisations meant the events responded to the live needs of communities.

Understanding community health priorities: access to services and past experiences of poor quality care or discrimination in the health and care system were significant barriers to healthcare for residents

Potential for inspiring further work: there was an appetite to build on the legacy of engagement delivered through this programme.

Executive Summary

4. Conclusions

Dialogue established

- The programme established and expanded dialogue between residents/communities and health systems.

Identified common health priorities

- There were clear trends in the health priorities raised by residents across the 8 boroughs that can be addressed through future engagement.

Working in partnership with VCS organisations

- VCS organisations were essential to the effective delivery of this programme
- They play a central role in community participation and empowerment.

Access to health services and health professionals

- The presence of health professionals and services in engagement activity was valued by residents –
- There is a need for continued work in raising awareness and improving access to health services.

Wider health topics

- Addressing wider health programmes was important to the community, rather than focusing only on vaccinations

Building trust and a long term process

- The benefit of the 8 boroughs programme in developing trust in health services or systems is unclear
- While there is evidence trust was built, this was also recognised as a long-term process that a single programme in isolation is unlikely to significantly influence.

Executive Summary

5. Recommendations

Working in partnership with VCS organisations. Ensure VCS organisations play a central role in the approach to addressing health inequity through sustainable funding and developing resilience within the sector.

Promote community engagement as BAU. Support health and care services and health professionals to engage with residents and communities as a core part of their roles.

Holistic approach: Integrate health engagement with other forms of social and welfare support to ensure communities have access to services and support.

Community centred approach. Community engagement should involve the development of community-centred service design and delivery models that improve access to services for residents, alongside improvements to awareness of, and experiences within services.

Dialogue between health systems and communities must be maintained to develop trust in systems

Trusted People in Trusted Places: Embrace actively listening to local communities, to support effective co-production of local strategies and approaches.

Support local area engagement. Engagement is best coordinated at a local level and local areas should be supported to design and deliver engagement. Regional networks should be used for once-for-London activity (e.g. resource development) and to share best practice across the region.

Background to the 8 boroughs programme

Introduction

- The COVID-19 pandemic highlighted and exacerbated health inequalities, both in London and nationally. In the early stages of the pandemic, case rates and mortality rates were higher among many ethnic groups compared with the White British population. Early data in early stages of the COVID-19 vaccination programme also highlighted stark disparities in uptake between ethnic groups, placing many of London's communities at greater risk of serious illness and mortality.

- Among the ethnic groups with the lowest uptake of the COVID-19 vaccine were Black African and Black Caribbean ethnic groups. Uptake of the first dose of the vaccine after 6 months of the programme (to 6 June 2021) was 57-65% for Black ethnic groups in London, compared with a 90% uptake in White British groups. Uptake was particularly low in areas of high deprivation.

- It became clear during extensive engagement work to improve vaccine confidence across London, that for many Black Londoners, there were genuine concerns that needed to be addressed. Ranging from significant trust issues with government and institutions and racial discrimination, to historic and recent unethical health experiences. Black Londoners also highlighted the importance of addressing wider health needs alongside COVID vaccine interventions.

- To support London's Black communities, NHS England London region provided funding for programmes of community outreach and engagement across eight London boroughs with the lowest COVID-19 vaccine uptake among Black African and Black Caribbean communities:

  - Brent
  - Camden
  - Ealing
  - Hackney
  - Haringey
  - Islington
  - Lambeth
  - Newham

Developing the *inspire* brand

- To begin building trust with communities and reduce health inequalities, there was an expressed need from Black advocacy groups to co-create a cohesive look and feel for resources, events and evidence-based information that lands appropriately with Black communities.

- 'inspire' was developed through two Brand Identity workshops, held on 20 and 22 September 2021, with Caribbean and African Health Network, The Beacon Project, Children and Family Court Advisory Services, Wellbeing Connect, African Community School and the Windrush Foundation

- The intention of the *inspire* brand was to develop a cohesive look to health promotion events and resources that celebrated the diversity of Black culture and left a legacy to the engagement with Black communities.

- The brand was initially used for Lambeth's Black Health and Wellbeing Day in October 2021, and was well received by attendees.

- While the 8 boroughs programme events were designed and delivered locally, all boroughs were encouraged to use the *inspire* branding as part of their events to provide a consistent visual identity for residents.

Lessons from the Lambeth "inspire" event

- Prior to the launch of the "8 boroughs" programme, in October 2021, Lambeth Council in partnership with NHS, OHID and the GLA, successfully delivered a Black Health and Wellbeing day focused on supporting vaccine uptake in the local population and raising awareness of health issues affecting Black Londoners, providing advice from health professionals, and signposting to health services.

- The event had several stalls run by local VCS partners. A wellbeing bus was there for MECC conversations, and flu and COVID-19 vaccinations were offered on site on the day.

- Health professionals addressed concerns and discussed topics including COVID-19 vaccination, GP access and registration and referral pathways for long-term conditions.

- Health promotion materials were also produced using the "inspire" brand. This included "healthy" recipe cards and other branded goods.

- An evaluation of the event found that the event was effective for engagement and building trust. Communications were co-produced with Black community groups and were valued by attendees. The evaluation also notes that building trust between communities is not a quick process, and further work is need to address historic and contemporary failings to support Black communities.

"You should do this every week!"
Event attendee

"About five people have come back to me saying that they have gone for prostrate cancer tests. One person in that group said that they had prostate cancer, but it was caught early".

Healthy Cooking - African and Caribbean Recipes

"Amazing atmosphere, really positive vibes"
Event attendee

Aims of the "8 Boroughs" programme for Black African and Black Caribbean Londoners

- The 8 boroughs programme was designed to respond to inequalities in COVID-19 vaccine uptake in London in Black communities. It was delivered across 8 boroughs in London who had identified themselves as having the lowest uptake of COVID-19 vaccinations among their Black populations and their VCS partners. These boroughs collectively approached NHSE Legacy and Health Equity Partnership (LHEP), London Councils and Lambeth to support a programme aimed at addressing this disparity.

- The initial proposal was about building on the positive outcomes and lessons from the Lambeth event, to develop a programme of a series of health and wellbeing focus days/events/activities across these 8 boroughs to engage Black Londoners regarding their health with a view to increasing the uptake of the COVID-19 vaccine and improving overall health and wellbeing in this community.

- As the programme progressed, focus turned to the development of a holistic health and wellbeing offer for communities that was not centred around the vaccination programme. Several boroughs centred work on health priorities identified by communities themselves, including mental health, long-term conditions, nutrition, childhood immunisations and wider social determinants of health (e.g., housing, cost of living or employment support).

- It was intended that boroughs would work with local voluntary and community sector (VCS) partners to engage with communities, given the trusted relationships between VCS and communities and the potential to develop resilience in local VCS networks through the programme. Engagement would be supported by local health and care providers, ensuring residents had access to information from health professionals.

- Key outcomes of the programme were determined by individual boroughs, often in collaboration with VCS partners and community representatives. Overarching outcomes were suggested by the regional team, including:
  - Improved understanding of the experiences of Black Londoners, and how this affects their health
  - Improved understanding of the health priorities of Black Londoners
  - Supporting Black Londoners to access and engage with health services
  - Black communities feeling supported by health services

Establishing the programme: funding and bid applications

- The 8 boroughs programme focused on working with 8 London Local Authorities with the lowest uptake of the COVID-19 vaccine among Black African and Black Caribbean residents. Each borough was entitled to apply for funding of up to £20,000.

- Each of the boroughs was encouraged to propose approaches for engagement with Black residents that matched the needs and priorities of their respective communities. While the application process was relatively open-ended, core principles that applicants were expected to follow (these were discussed with boroughs but not shared formally):

  1. Funding should be used to engage with Black* residents within their borough.

  2. Funding should be used to deliver events – either physical or virtual.

  3. Boroughs should engage with local VCS partners, community leaders and/or trusted members of their local communities to design and deliver events.

  4. Engagement activity should be co-produced with communities where possible.

  5. Engagement should use the *inspire* branding, with resources made available from regional teams to support this.

  6. Health professionals should be involved in engagement activity to provide health advice and information to residents.

  7. Events should aim to promote uptake of the COVID-19 vaccine – but were not required to exclusively focus on the vaccination programme.

- Boroughs were asked to submit applications for funding. The initial intention was for all events to be delivered by May 2022, however challenges with funding payments meant **events ran from June 2022 – April 2023**.

* Planning documents typically use "Black", or "Black African and Black Caribbean" to denote the focus of the 8 boroughs programme. This evaluation uses these terms for consistency but recognises the heterogeneity of individuals and communities identifying as Black, and the need to recognise different historical and contemporary social and cultural contexts within and between communities.

Evaluation overview and methodology

Evaluating the 8 boroughs programme

An individual service evaluation was conducted using a mixed-methods approach and collecting data and insights through interviews and evaluation forms. At the beginning of the programme, each borough was asked to collect feedback from all the events/activities delivered as part of the programme. At the end of the programme, semi-structured interviews with each of the boroughs and VCS organisations were conducted.

Evaluation objectives

- Provide an overview of the process used to deliver community engagement through the 8 boroughs programme

- Understand the reach of community engagement activity through the programme

- Identify models or approaches for effective community engagement and partnership with VCS organisations, along with any successes and challenges

- Provide insights into prevalent health challenges and priorities in Black communities in London, identified through community engagement

- Understand achieved outcomes of the 8 borough programmes for the health of London's Black communities, and the relationships between statutory partners, VCS organisations and communities.

Evaluating the 8 boroughs programme

Insights considered as part of this evaluation

- The evaluation uses a mixed-methods approach to understand the process and outcomes of the 8 boroughs programme. Insights were collected from:

  1. Programme planning documents and meeting notes produced during the design and delivery of the 8 boroughs programme.

  2. Evaluation forms submitted for events completed as part of the 8 boroughs programme. Insights were received for 47 of 49 events delivered as part of the programme (96%). Most events were reported separately, though some forms were aggregated across multiple events within a borough.

  3. Outputs from a virtual evaluation workshop held on 13th February 2023, with representation from Local Authority and VCS organisations involved in delivery of the 8 boroughs programme.

  4. Semi-structured interviews hosted with each of the participating eight boroughs. Eight virtual interviews were held between 28th February 2023 and 15th May 2023. Questions asked as part of this interview process can be found in Appendix B.

Methodology

- Evaluation forms were collated and analysed to determine reach of events. Qualitative insights including health priorities identified and successes and challenges associated with events were analysed thematically to identify key learnings and outcomes.

- Insights from the evaluation workshop and interviews were also collated and analysed thematically to identify key learnings and commonalities.

Ethics

- As this is a service evaluation it did not meet the NHS Research Ethics Committee's (REC) criteria for 'research' however, principles of ethical research were followed during this evaluation as per REC guidance.

Evaluating the 8 boroughs programme

Limitations

- Feedback from residents/communities was not collected directly by the regional evaluation team to feed into this evaluation. Evaluation forms completed by Local Authority and VCS partners did contain data or insights from residents, but this was not consistent across all participating boroughs or events. Interviews also highlighted some feedback from residents, though again this was indirect via local partners.

- This evaluation also did not contain follow-up with residents who participated in the 8 boroughs engagement programme. As such it is not possible to estimate the impact on engagement with local health services.

- Analysis of engagement outputs e.g., number of attendances, has been estimated in some cases where feedback received was not clear. Local areas used different methodologies to collect information to support the evaluation and as such there was not a consistent process for the collection of data/insight presented in this report. Feedback has been coded by the evaluation team to ensure consistent findings can be drawn, but there is a risk of mis-representation through this.

- While many VCS partners participated in both the evaluation workshop and interview process, this was not reflected across all boroughs. This has been considered in the interpretation of feedback.

- Health professionals and local providers played an integral role in the delivery of community engagement, but feedback was not collected directly from this group as part of this evaluation.
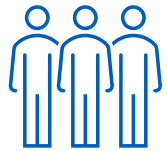
Programme outputs: key highlights

The 8 boroughs events/activities - highlights

Legacy Health Equity Partnership

NHS England

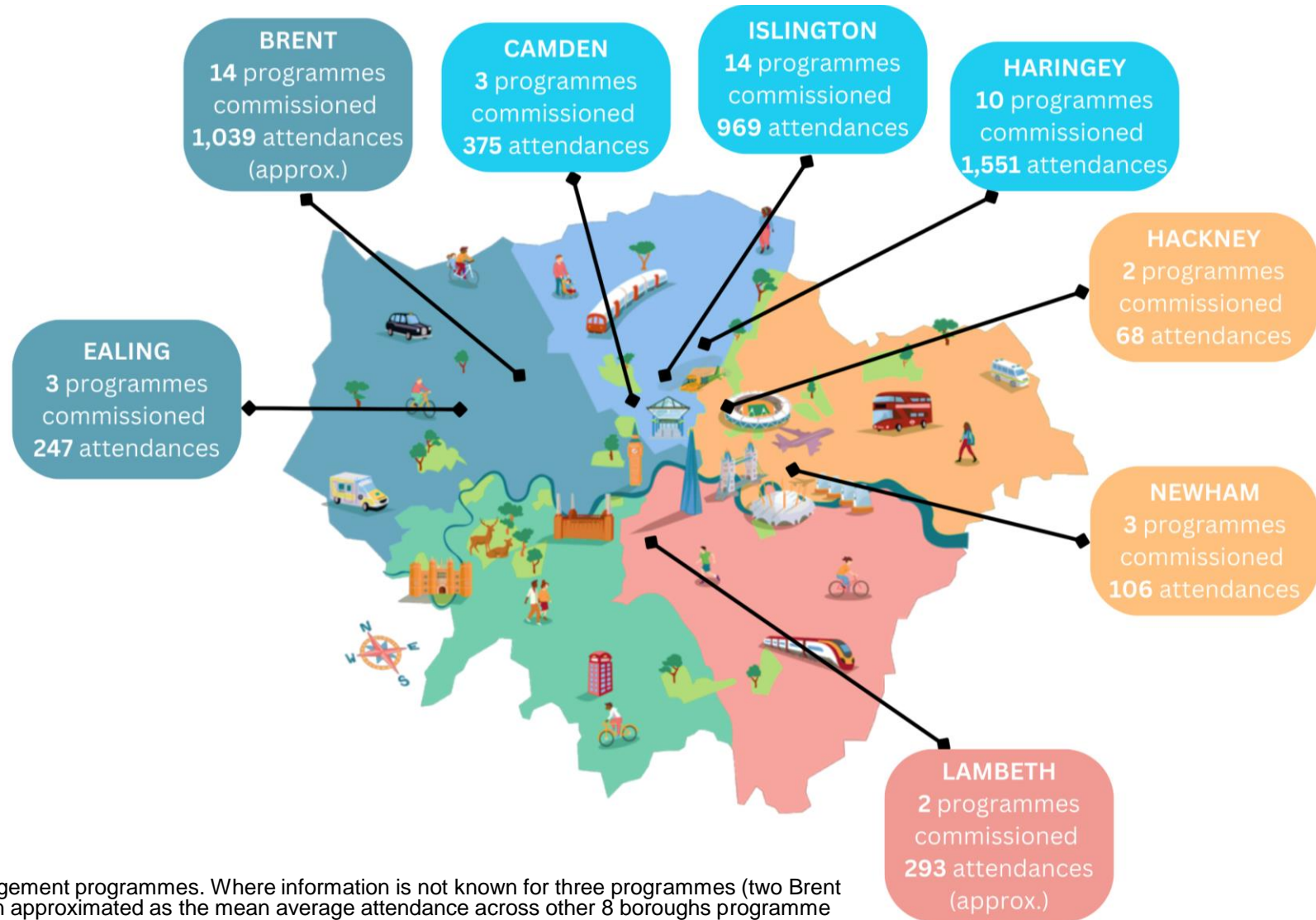**50** community engagement programmes commissioned – 62 events recorded in total

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The 8 boroughs events/activities - highlights

Event types:

Broken down by what the "principal" activity of the event was determined to be (many events hosted multiple activities)

43% health stand or information events

In which residents received information about a range of health services, could access point of care services (e.g., vaccination) and/or have conversations with health professionals.
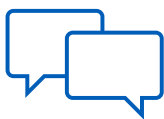
28% social, sporting or arts/performance events

In which residents participated in social or cultural activities alongside health information or discussion sessions.

17% workshop or health education events

In which residents engaged in workshops and/or discussions around specific health topics, such as healthy eating or gambling.

13% discussion events

In which residents discussed, often with health professionals or statutory representatives, health and wider challenges facing them and their communities

Demographic insights:

Most events did not provide expansive demographic insights, though from information provided it is clear most or all events engaged predominantly or exclusively with Black residents.

Some events reported focusing on engaging with particular age groups:

- **3 programmes focused on engagement with young people**

- **2 programmes focused on engagement with parents and/or families**

- **7 programmes focused on engagement with residents aged 50+; 4 of these reporting focus as "elderly" or "older people"**

Most programmes did not focus on engagement with a specific ethnic group or community, though we are aware from informal feedback that some events were attended predominantly or exclusively by certain communities e.g., Somali communities. Some boroughs also reported focusing on specific wards/neighbourhoods, usually building on prior engagement.

Reported health concerns raised by residents

Partners were asked to identify key health concerns and barriers to health and wellbeing identified by residents during engagement. 41 of 47 events reported specific health issues or barriers. Responses were counted if information indicated that the topic area was raised by residents (rather than offered as a discussion area). Percentages note the number of events which reported a specific health concern (41) and reported that topic.

Hypertension (blood pressure)
41%

Mental health
41%

Diabetes
34%

Obesity / health eating
22%

Cancer and/or screening
15%

Physical activity
12%

COVID-19 vaccination
10%

Dementia
7%

Sickle cell
7%

**Other health concerns recorded:**

- **5% of responses:** High cholesterol, mental illness (e.g. schizophrenia), inflammation/muscle soreness, immunisations (non-COVID-19)

- **2% of responses:** Stroke/heart disease, infant mortality, macular degeneration, FGM/C, physical disability, substance misuse

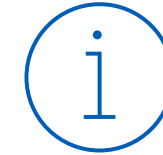# Reported barriers to positive health and wellbeing for residents

Access to health and care services (general)

54%
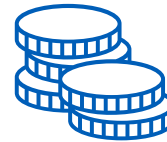
Socio-economic factors (e.g. poverty, access to welfare services)

27%

Accessing health information

22%

Social isolation

15%

Cultural competence of communications and services (inc. languages)

12%

Trust in health services/wider state infrastructure)

12%

Accessing GPs

10%

Other barriers to health and wellbeing recorded:

- **5% of responses:** Housing challenges, lack of engagement/discussion between health services and communities, lack of mobility

- **2% of responses:** Discrimination experienced when accessing health and care services

Process evaluation: insights from Local Authority and VCS partners

Delivering the 8 boroughs programme: challenges, successes and lessons learnt

- A central element of this evaluation was to understand the commissioning, design and delivery of community engagement programmes to support whole-system learning and embedding of effective practice in future engagement and inequalities work.

- The following thematic analysis considers interviews, workshop insights and programme feedback collected through evaluation forms. Insights are grouped into the following categories:
  - Design and development of community engagement programmes
  - Working across statutory and VCS partners
  - Programme successes
  - Programme challenges
  - Learnings for future engagement with Black communities
  - Planned work to engage with communities around health
  - Recommendations from partners on the future form and direction of **inspire**

Photos of inspire Lambeth Festival, hosted in St Matthew's Peace Garden, Brixton 24th September 2022

Design and development of the 8 boroughs programme

Programme leadership, roles and responsibilities

- **Roles in programme design:** Local Authority involvement in the 8 boroughs programme varied significantly. VCS partners were brought in at differing stages and were variably consulted on bid design and programme development. Approaches included:
  - A Local Authority-led bid for regional funding, which was used to run a small grant application process that local voluntary and community organisations could apply for to deliver engagement activity.
  - Largely Local Authority led engagement after issues in engaging with local VCS organisations.
  - Bid development by the Local Authority but in consultation with VCS organisations.
  - Bid development by the Local Authority followed by commissioning of VCS partners to deliver to a defined specification.

- **Leadership within Local Authorities:** Some of the Local Authority leads for this programme were within the Public Health team, while other leads were from community engagement teams or elsewhere in the Council. Where the latter took place, interviews noted mixed engagement from Public Health colleagues.

- **Identifying VCS partners:** Some Local Authorities pre-identified organisations to support the 8 boroughs programme based on expertise or previous work, while others ran application processes for funding. One Local Authority worked with a VCS "bridging" organisation, who themselves sought involvement from local grassroots organisations to deliver engagement.

> *"The engagement built on the work that had been done previously in the borough... [we are] a strategy partner for the Council and bring other VCS partners into our work."* – **VCS representative**

> *"We wanted to work with the VCS sector. Our proposal was to deliver 15 small events through the voluntary sector. We devised an application form and organisations submitted their applications. We had 17 applications, a panel scored and 14 were accepted."* – **Local Authority representative**

Design and development of the 8 boroughs programme

Designing the programme and determining priorities

- **Developing holistic offers:** Initial 8 boroughs proposal was focused on COVID-19 vaccination, however across all boroughs a more holistic health and wellbeing offer was delivered. This was based largely on resident/VCS feedback and changing public health priorities.

- **Timelines and funding:** Short timeframes and accessing funding were reported as major barriers to working with VCS organisations.
    - Funding was a central concern for many partners. Some reported that they had to pause development of engagement until funds were made available while others noted miscommunication around processes for accessing funding slowed work.

- **Community defined health priorities:** Where VCS played a more active involvement in engagement design, health priorities were shaped by communities themselves and engagement was relevant to communities.

- **Alternative offerings:** Some VCS organisations covered areas that Public Health wouldn't typically cover – e.g. natural remedies, non-traditional medical practice, or alternative models of engagement. In some areas initial hesitation was reported from Public Health teams, though VCS partners highlighted the benefits of collaboration between Public Health and other areas.

- **Building on existing relationships with VCS:** Previous relationships and work with VCS organisations was reported by most partners as a good enabler to standing up community engagement.

- **Working with health services and professionals:** No challenges were reported in engaging health and care providers or professionals. Most events reported good interaction between communities and health and care representatives.

> *"Getting the funding to the right place was a big issue…This was a good pilot to show how working with VCS organisations can be done but it took 3-4 months to get [VCS partner] the necessary £20k to be able to fund this work.*– **Local Authority representative**

> *"The sense of heaviness and burden was significant – we wanted to focus on a wholesome and holistic solution that was about the cultural expression of Black joy as an innate quality of health and wellbeing."* – **VCS representative**

Working across statutory and VCS partners

- **Capacity within VCS organisations:** Funding and capacity constraints in VCS organisations were a barrier; despite this, many Local Authorities felt that the organisations they worked with were able to deliver above and beyond what they expected. One Local Authority reported that capacity within VCS meant the council delivered most of their engagement directly.
  - Statutory partners had a role in commissioning and delivery of programmes that recognise the capacity of VCS partners – and ensuring delivery was flexible around existing VCS operations (e.g. many VCS organisations struggle to attend meetings in working hours).

- **Prioritisation of VCS partners:** Issues were reported of VCS partners being perceived as the "preferred" partners for Local Authorities, to the detriment of other grassroots organisations. This has two key implications: it fails to build sustainability and resilience across the VCS sector, and it risks prioritising population groups.

- **Community representation by VCS:** It was highlighted that definitionally a VCS organisation will not represent the entire Black community within a Local Authority. A programme of this nature will almost certainly not reach across Black communities in represented boroughs.

- **Designing processes to support VCS organisations:** Statutory organisations often design and implement process that limit the full participation of VCS organisations or are outside their expertise. This was highlighted in monitoring and evaluation, where statutory partners expect information and reports VCS organisations struggle to produce without support.

- **Permission for creativity:** VCS organisations are experts in engaging with communities and bringing people together; most interviewees recognised the need to allow space and license for creativity to support this.

- **Linking to services:** VCS partners reported that following some sessions they had residents approaching them for further information or referrals to specialist services – and require continued engagement with services to support residents.

*"Council relationships with VCS are complex, and there is a lot of nuance with who the council typically works with." – **Local Authority representative***

*"We've been thinking about changing ways of working from a statutory side. We don't use KPI's or measurable outputs… [it's about] handing over power to community organisations" – **Local Authority representative***

Programme successes

- **Events led by residents and communities:** events felt like they were led by communities and representative of communities; particularly noted when VCS partners had a role in design of the programmes.

- **Breadth of engagement:** the range of events and the communities that were engaged with was highlighted by boroughs; three boroughs delivered 10 or more community engagement events as part of this programme.

- **Facilitating discussions between health systems and residents:** events had a role in establishing dialogue between residents and health services. Residents felt valued and able to share honest feedback as part of two-way conversations and were keen to discuss service design as well as delivery.

- **Health information and support:** residents valued health information and support provided by health professionals. Several events noted residents were referred to other services, and point-of-care services were popular when delivered (e.g. blood pressure checks).

- **Working across partners:** the programme strengthened relationships between regional, Local Authority and VCS partners.

- **Focus on community priorities:** leadership of VCS organisations meant the events responded to the live needs of communities.

- **Understanding community health priorities:** access to services and past experiences of poor quality care or discrimination in the health and care system were significant barriers to healthcare for residents.

- **Potential for inspiring further work:** there was an appetite to build on the legacy of engagement delivered through this programme. Feedback noted the programme created new health and wellbeing advocates in communities while others highlighted need for continued funding to support future work.

"People really wanted to speak to GPs directly and receive support from medical professionals. There needs to be a process to ensure engagement can support this."
– Local Authority representative

"There was a coffee morning activity for the Somali community, which was very popular and well-attended. They covered a variety of topics such as barriers to accessing health services, diabetes, hypertension, screening, and women's health. It provided a better understanding of how this community was experiencing challenges in accessing basic services." –
VCS representative

- **Involvement and collaboration with statutory partners:** some statutory partners noted they had limited involvement in event delivery, meaning they were unable to provide additional support or deliver key public health messages as initially planned.

- **Funding:** accessing regional funding and distributing to VCS organisations was a challenge across all boroughs.

- **Promotion of events, timing and turnout:** some feedback highlighted challenges in engaging with communities. Issues were noted with promotion (ensuring use of appropriate channels) and timing (winter events in cold weather were cited as drivers of poor turnout).

- **Trust between partners and communities:** given the historic and contemporary experiences of many communities engaged with in this programme, some interviewees reported there were challenges around trust – particularly between statutory organisations and VCS/residents.

- **Clarity of expectations and timelines:** some feedback reported that the criteria for the programme was unclear. The timelines for delivery were too short in the initial term when combined with issues around funding. Almost all events were delivered after the May 2022 deadline, with some extending to April 2023.

- **Finding appropriate spaces for engagement:** there were reported challenges in finding local community spaces for engagement that were accessible and felt welcoming for residents.

*"The challenge is after the event…[we] did something around gambling and had individuals who came along. But people came back to us asking for referrals for other services. It would be helpful if there was something to continue beyond just events. Many of [the VCS] partners want funding - continuity of funding is essential for continuity of service."– **VCS representative***

*"The second event wasn't as successful as the first event in part because we sent the leaflets out a bit earlier than we should have. Communication needs to be in the few days prior to the event so it's in people's minds." – **Local Authority representative***

Learnings for future engagement with Black communities

- **Roles and responsibilities in engagement with communities:** VCS organisations played a central role in ensuring the success of engagement, despite some concerns around a limited role for the Local Authority. There was a general feeling that funding and empowering VCS organisations to lead engagement was a more effective model than Council-led approaches.

- **Promoting events:** one borough highlighted learnings around engaging with older residents, where digital literacy levels were lower and leafleting alongside door knocking were seen to be more effective strategies for promotion.

- **Strategies for ensuring effective collaboration between statutory and VCS partners:** developing appropriate monitoring and reporting frameworks, ensuring meetings were at convenient times for VCS, and delivering programmes with appropriate timelines were all cited as facilitators to more effective working across partners. Strength of relationships between VCS and statutory partners was also seen as essential.

- **Delivering on-site health services:** feedback noted this was valued by residents and should be supported to continue – particularly given reported barriers to access of health services.

- **Accessibility of information:** ensuring health information is delivered in an accessible format, with translations available.

- **Improve access to and awareness services:** more should be done to improve access to and awareness of local health and care services.

- **Ensuring delivery in accessible spaces:** events were most successful when delivered by communities in community settings.

- **Focus on trust:** events highlighted mistrust in services and statutory agencies that should be addressed through engagement.

*"We need to be communicating; why the focus on the community, and why now? We need to be able to provide information about sustainability and answer the question about what's next."– **Local Authority representative***

*"Accessibility is a problem in the community. Residents would appreciate it if you could access your community centres and have health checks there, along with financial support."– **VCS representative***
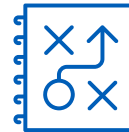
Planned future engagement with residents following the 8 boroughs programme

Examples provided by Local Authority and VCS partners for how they plan to use the 8 boroughs programme to inform future activity:

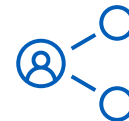**Developing a local evaluation report for engagement activity**

Using learnings to feed into local strategies/action plans

Developing new ways of working with VCS organisations

Re-launching local Black community health forum

Sharing work with other areas across Public Health/Local Authority

Mapping VCS infrastructure to inform coordination

It should be noted that VCS organisations play a central role in organising and engaging with communities beyond the 8 boroughs programme. Many partners noted that there was a need to ensure statutory partners support VCS partners to continue to deliver this work beyond the 8 boroughs programme, particularly given the capacity and funding challenges across the VCS sector.

Partner perspectives on future direction for *inspire* programme

As part of interviews, partners were asked for their perspectives on what the future direction for the regional **inspire** programme should look like, what the priorities should be, and whether they would like to be involved in future planning and delivery of this programme.
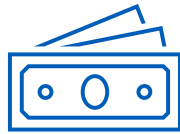
Continued funding for VCS organisations to deliver engagement

Commissioning research to better understand community needs and priorities

Sharing practice across the region and supporting collaboration

Focus on practical intervention to address inequity

Developing a commitment/ pledge for organisations to engage with Black communities and address inequity

Build a long-term action plan with residents and communities

All partners expressed an interest in continued involvement with the **inspire** programme, while noting the **urgency** of the work to build momentum. The need for VCS organisations to be properly funded for their involvement in these programmes to ensure the development of the programme is sustainable was also highlighted.

Conclusions and recommendations

Conclusions

- This evaluation provides helpful insights into the experiences, health priorities, and barriers to positive health and wellbeing for Black residents and communities. There is clearly a need for ongoing dialogue, co-design and co-production of activity with residents themselves to ensure their needs and priorities are met through future work.

- 8 boroughs programme Achievements:

    - The programme **established and expanded dialogue between residents/communities and health systems**. There are indications the work will continue both through the **inspire** programme and through local Council/VCS initiatives.

    - There were **clear trends in the health priorities raised by residents** across the 8 boroughs. Hypertension, mental health and diabetes were most referenced in feedback, alongside a wider range of health challenges. While not explored further in this evaluation, we anticipate that health priorities raised will be influenced by specific social, cultural and economic contexts and other demographic factors, such as age.

    - **VCS organisations were essential to the effective delivery of this programme**, and the process evaluation covered in this report identifies learnings that can support more effective collaboration with community partners who play a central role in community participation and empowerment.

    - **The presence of health professionals and services in engagement activity was valued by residents**. In some cases, point-of-care services were offered and were generally well received. Feedback strongly highlighted the value of increased awareness of local health services and routes of access. However significant issues remain in access to health and care services for Black residents that require a community-centred and whole-system approach to address.

    - There was little evidence of a clear focus on COVID-19 vaccination in engagement. This was largely driven by feedback from residents, and a wider shift to focusing on a holistic health and wellbeing offer. **The breadth of health areas covered was highlighted as a key benefit by residents**.

    - The benefit of the 8 boroughs programme in developing trust in health services or systems is unclear. While it was generally accepted that community engagement programmes like this build trust, this as a long-term process that one programme of engagement is unlikely to significantly influence in isolation. In this sense, the impact of this work is contingent on its **legacy for engagement with Black residents**.

- This evaluation provides a **useful steer for further development** of an engagement approach for Black residents. However, this evaluation also notes concerns around the grouping of "Black" residents, and the need to recognise the heterogeneity of communities in future activity to ensure effective engagement that addresses community-specific experiences, priorities and barriers.

Recommendations

1. **Ensure VCS organisations play a central role** in the approach to addressing health inequity through sustainable funding and developing resilience within the sector. Findings in this report also indicate approaches through which the link between VCS organisations and statutory partners can be strengthened by improving ways of working.

2. **Support health and care services and health professionals to engage** with residents and communities as a core part of their roles, for example through the continued development of the Health Ambassadors programme.

3. **Integrate health engagement** with other forms of social and welfare support to ensure communities have access to services and support that influence their health and wellbeing.

4. Lack of access to services is a live and detrimental force in the approach to addressing health inequity. Community engagement should involve the **development of community-centred service design and delivery models** that improve access to services for residents, alongside improvements to awareness and experiences within services.

5. **Dialogue between health systems and communities** must be maintained to develop trust in systems.

6. Embrace **actively listening** to local communities, to support effective co-production of local strategies and approaches.

7. Engagement is best coordinated at a local level and **local areas should be supported to design and deliver engagement** that meets the needs of their residents. Regional networks should be used for once-for-London activity (e.g. resource development) and to share best practice across the region.

*Black Communities Healthy Living and Lifestyle Fair, Haringey, 29th October 2022*

Appendix A – Highlights from the 8 boroughs programme

Sport events/activities for young people creating spaces to:

- Improve Physical and Mental Health
- Reduce isolation and create an environment where young people feel connected
- Boost their confidence and create a safe space to talk about their wellbeing
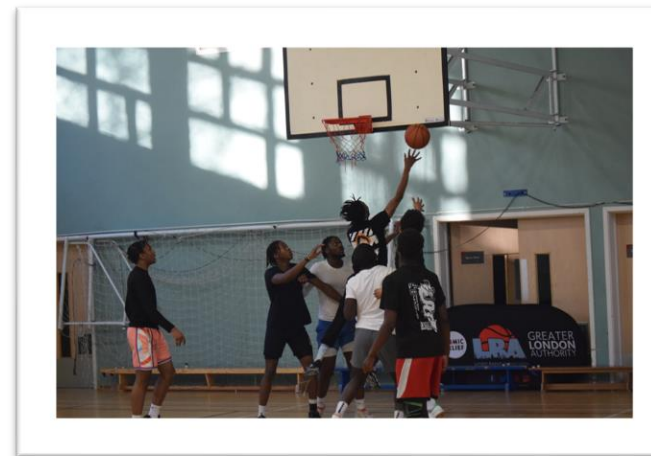
*"The coaches helped me improve my diet and now I live a healthier life"*

Basketball social event for young people, Brent October 2022

"We used football to bring young people with poor mental health together for exciting activities, make friends and build confidence".

Football Tournament for young people, Haringey, October 2022

"I used to get out of breath after one play. My stamina is better now and I can last the whole session"
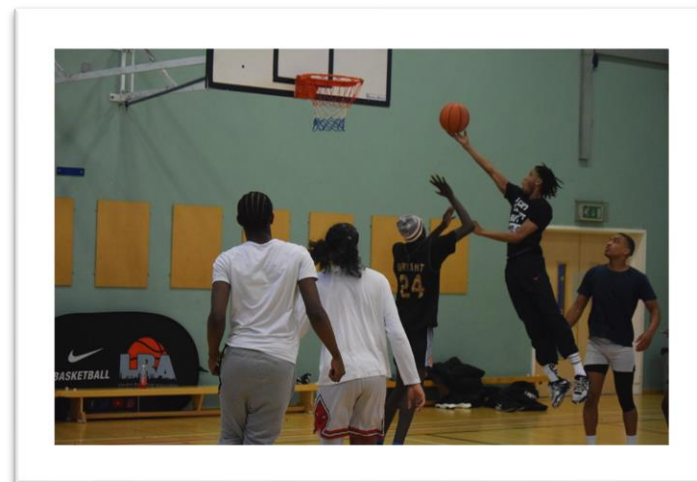
Highlights from 8 boroughs engagement

A huge diversity on the health events across the areas with a focus on:

- Sharing information and increasing knowledge of local health and wellbeing services and how to access support.
- Encouraging uptake of existing health and wellbeing activities
- Offering interactive and intergenerational experiences for the local community.
- Providing residents with a space to have open and honest conversations around health care, where they have previously felt 'ignored'.

Health and wellbeing outreach and engagement event for residents over 50, Hackney, on December 2022 and March 2023

"I hope there will be more events like this. This was good for our community; it shouldn't end here"

"I am now going to seek help regarding my diabetes after having been seen by the GP here"'

Community health event, Newham March 2023

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Highlights from 8 boroughs engagement

Health event about Sickle Cell, Haringey, 4 March 2023

"The children's book all about Sickle cell is wonderful and so informative, not only to my child but for me as an adult also"

"I'm going to get a blood donation appointment today once I have registered so I can give blood"

"I didn't know this venue existed. I'm glad I've found a space that is for people like us'"

Community health event, Newham February 2023

Raunchy Rockers weekly session, Haringey, 15 March 2023

"It was clear that the group activities, health talks and socialising is having an extreme positive effect on the people it is designed to support."

"Some of us don't even know how to switch our phones on…let alone book an appointment!"

NHS England

Case Study

JS 18 years old Black Haringey resident who was referred to the project by his support worker. JS uses sports to cope, he enjoys playing sports but can sometimes finds it challenging to play in a safe environment where his needs are been catered for and considered. JS often spends time alone at home if not in college, but as a result of the inspire project following his first session, he finds this to be helpful. Due to the structure of project, he was able to social socialise with other people and make friends. The wellbeing session provided him a space where he talks about his challenges in a safe environment. As result of his commitment and engagement towards the project, JS was offered paid opportunity to be one of the referees on the day of the tournament.

"It felt so good to take this opportunity and it makes me realise I just need to connect with the right people, and everything will be fine" JS – **Haringey resident**

Big Time Basketball Tournament for young people, Haringey, September 2022

Highlights from 8 boroughs engagement

Case Study

Community health event, Islington January 2023

Mrs A, elderly, lives on her own, multiple issues including health, income, food, heating, loneliness. "Through the inspire activities, we were able to signpost her to Shine, the income maximisation team, join her up to our co-operative where she will receive subsidised cultural food to try out some of the dishes in the healthy recipe book and meet other people. We also showed her out to book GP appointments on her mobile phone" – **Islington resident**

Case Study

Sahra, a Somali woman aged 45 years, has been coming to the Dalmar centre to study ESOL, sewing classes, parenting classes and more. After attending the Inspire Black Health and Wellbeing coffee morning events, she said it helped her to improve her lifestyle as she learnt more about health and wellbeing. She is feeling happier and encouraged to get a job and help her children. – **Haringey resident**

Community health event, Haringey 2022

Community health event, Haringey 2022

Highlights from 8 boroughs engagement

Case Study

Community health event, Ealing 2023

Mrs X is 62 yrs old and suffers from several health problems that includes hyperactive thyroid, high blood pressure, back problems (slipped disc), arthritis and migraine. She also sustained injuries to her knees after a hard fall. Mrs X requires an interpreter when accession services. Since moving her new GP practice in 2018, Mrs X's health has worsen and she had lamented that her GP practice is not addressing her health need adequately. With our intervention, she has been assigned a new GP and 3 appointments to specialist have been made including an exercise to review all her medication. Mrs X has reported improved health and now is very happy with the service she is receiving. - **Ealing Resident**

Appendix B – Interview questions for Local Authority and VCS partners

Interview questions for Local Authority and VCS partners

1. What were your respective roles in the organisation and delivery of the inspire events?

2. What did you expect to deliver, and what was delivered (events, timelines etc)?

3. Do you think the inspire events were successful in [borough], and how?

4. What were the challenges in delivering the inspire programme?

5. How did you find the organisation and communication between regional, local authority and VCS? How could this have been improved?

6. From your engagement with communities, what were their health priorities, and did you find any models for engagement particularly successful?

7. What were your key learnings for future delivery of similar community engagement programmes, both with Black African and Black Caribbean Londoners and more generally?

8. Based on your experiences or learnings from delivering the inspire programme, are you planning any further work in supporting/engaging with communities around health?

9. The initial phase of the inspire programme is drawing to a close, with a view to creating a new regional network to support health engagement with Black communities. What would you like to see from thii network, and what should the priorities be?